# "EFFECTIVENESS OF A COMPREHENSIVE BREASTFEEDING PROMOTION PROGRAM ON BREASTFEEDING SELF-EFFICACY, PRACTICES AND OUTCOMES AMONG PRIMIGRAVID MOTHERS – A RANDOMIZED CONTROLLED TRIAL"

**SYNOPSIS SUBMITTED**

**by**

**NEHA FREDERICK**

**FOR Ph.D. DEGREE IN FACULTY OF HIMALAYAN COLLEGE OF NURSING**

**SWAMI RAMA HIMALAYAN UNIVERSITY**

**SWAMI RAM NAGAR, JOLLY GRANT, DEHRADUN**

# "A STUDY TO ASSESS THE EFFECTIVENESS OF A COMPREHENSIVE BREASTFEEDING PROMOTION PROGRAM ON BREASTFEEDING SELF-EFFICACY, PRACTICES AND OUTCOMES AMONG PRIMIGRAVID MOTHERS"

Submission date: 03-Sep-2019 11:11AM (UTC+0530)
Submission ID: [illegible]
File name: neha_synopsis.docx (72.96K)
Word count: 3244
Character count: 19718

*by* Neha Frederick

Uma Bhardwaj
03/09/19

Dean-Research
Swami [illegible]
Dehradun

[illegible]layan University
[illegible]olly Grant

"A STUDY TO ASSESS THE EFFECTIVENESS OF A COMPREHENSIVE BREASTFEEDING PROMOTION PROGRAM ON BREASTFEEDING SELF-EFFICACY, PRACTICES AND OUTCOMES AMONG PRIMIGRAVID MOTHERS"

ORIGINALITY REPORT

| 8% | 6% | 4% | 7% |
|---|---|---|---|
| SIMILARITY INDEX | INTERNET SOURCES | PUBLICATIONS | STUDENT PAPERS |

PRIMARY SOURCES

| | | |
|---|---|---|
| 1 | www.ncbi.nlm.nih.gov<br>Internet Source | 2% |
| 2 | Submitted to Universiti Putra Malaysia<br>Student Paper | 1% |
| 3 | krishikosh.egranth.ac.in<br>Internet Source | 1% |
| 4 | Yu Zhu, Zhihong Zhang, Yun Ling, Hongwei Wan. "Impact of intervention on breastfeeding outcomes and determinants based on theory of planned behavior", Women and Birth, 2017<br>Publication | 1% |
| 5 | Haroon, Sarah, Jai K Das, Rehana A Salam, Aamer Imdad, and Zulfiqar A Bhutta. "Breastfeeding promotion interventions and breastfeeding practices: a systematic review", BMC Public Health, 2013. | 1% |

Uma Bharthwas 22/09/19

Dean-Research
Swami Rama Himalayan University
Swami Rama Nagar

| | Publication | |
|---|---|---|
| 6 | Submitted to South University<br>Student Paper | 1% |
| 7 | scholarscompass.vcu.edu<br>Internet Source | 1% |
| 8 | Submitted to Cardiff University<br>Student Paper | 1% |
| 9 | Submitted to Middlesex University<br>Student Paper | <1% |

| | | | |
|---|---|---|---|
| Exclude quotes | On | Exclude matches | < 14 words |
| Exclude bibliography | On | | |

Uma Bhardwaj
03/09/19

Dean-Research
Swami Rama Himalayan University
Swami Ram Nagar Jolly Grant
Dehradun-248016,Uttarakhand,India

# Introduction

## *Background of the study*

Exclusive breastfeeding is the best way to meet baby's nutritional needs. It is beneficial for both mother and infant as it provides optimal growth and development of the baby. (Padmavathi, 2014)

Breast-feeding is the most essential nourishment for the baby as it provides protection from illness. It is therefore suggested for their children as God's gift to mothers. Breast milk increases baby development and decreases the danger of many illnesses during childhood, such as diarrhoea, respiratory tract infections etc. The risk of bleeding and breast cancer in mothers is also reduced. Special bonding between mother and baby is also supported biologically. (Sultana & Rahman, 2014)

In India around 2.7 million births take place every year. Out of which 1.7 million infants die before the age of one year and 1.08 million newborn die within one month of age. Suboptimal breastfeeding remains the most common cause of the mortality. The reason of cessation of breastfeeding is mother's perception of insufficient breast milk supply. (Jogdeo & Bhore, 2013)

When mother is malnourished, it is difficult for her to breastfeed the child for six months of age. Failure to support to mothers also contributes to premature cessation of breastfeeding. Therefore, maternal education and support forms the main framework of lactation and breastfeeding. Prenatal and postnatal education both is equally important to promote exclusive breastfeeding for optimal growth and development of the baby.

Social support is also found to be effective on maternal health and in establishing successful breastfeeding. Peer counselors and community health workers forms the cornerstone of breastfeeding support such as in improvement of breastfeeding rates, promoting breastfeeding outcome, increase in maternal satisfaction, and decline in infant hospitalization rates.

## *Need of the study*

Decline in the initiation and the duration of breastfeeding have been recorded globally. This leads to increase in morbidity and mortality and is a matter of great health concern. Besides all the nutritional and immunological benefits, the rate of breast feeding is declining in almost all parts of the world. Inadequate milk supply remains the most common reason for the same.(Daly & Hartmann, 1995)

It has been noticed that rural mothers are able to breastfeed their babies almost 95-100%, whereas, on the other hand, urban mothers fail to breastfeed their baby which has a negative impact on the maternal and child health.

The common reason given by mothers for not breastfeeding their infant for optimum duration is lack of knowledge and confidence. Though it is only their view of inadequate milk supply and working conditions that are responsible for early introduction of complementary feeding, child specialists, nursing officers, and counselors play an important role in promotion and education regarding breastfeeding among pregnant mothers.

Baby Friendly Hospital Initiative (BFHI) also plays an important impact on the increase in breastfeeding rates. Interventions like Integrated Management of Neonatal and Childhood Illness (IMNCI) program shows much improvement in the practices of feeding and has decreased problems in the growth. Other support approaches include maternity assistance and contact with counselors or qualified staffs via home visit or telephone assistance have demonstrated better breastfeeding results. In addition to this strategy, mass, electronic and print awareness programs were introduced. (Hawkins, Stern, Baum, & Gillman, 2014)

Apparent gaps have been found in literatures in relation to interventional programs that only focuses on education, counseling and support to antenatal and postnatal mothers. However, no emphasis has been laid on ‘learning by doing’ and motivational aspect in order to improve rates of breastfeeding among primigravid mothers in Uttar Pradesh.

# Review of Literature

Extensive review of literature has been done and organised under the following headings :

1. Literature related to breastfeeding problems.
2. Literature related to breastfeeding self-efficacy.
3. Literature related to breastfeeding practices.
4. Literature related to breastfeeding interventions
5. Literature related to breastfeeding outcomes.

## *I] Literature related to breastfeeding problems*

To investigate breastfeeding technique and use of pacifier in relation to breastfeeding problems as well as their effects on breastfeeding duration a study was conducted wherein the researchers included 570 postnatal mothers through randomized controlled trial. The observations regarding breastfeeding techniques were made on $7^{th}$ day after the birth of the baby and repeated observation was carried out on if any correction was needed. The samples were followed up to 6 months of baby's age. The observation tool for breastfeeding technique included breastfeeding positions, latching, sucking and milk supply to the infant. Self-reported questionnaires regarding problems of breastfeeding and pacifier use were asked from the mothers. The study found that at the first sighting approximately 50% of the mothers showed improper lactating techniques (breastfeeding 61% and latching technique 52%). The breastfeeding period only applied to sucking and breast milk transfer. Mother reported early breastfeeding issues, and hence the length of lactation, was strongly related to improper breastfeeding method. The use of pacificators was also negative for the breast-feeding period. Therefore, it is recommended to observe and teach breastfeeding technique in the early stage to combat breastfeeding problems. (Kronborg & Væth, 2009)

## *II] Literature related to breastfeeding self-efficacy*

A survey of breastfeeding prevalence, breastfeeding factors and mom's self-efficacy in rural health clinics in Selangor, Malaysia was held. A research included 84 postnatal mothers with healthy children aged 3 months to 2 years. The samples were selected via simple random

sampling technique. A written questionnaire which included 3 sections : Demographic profile, Workplace Breastfeeding Support Scale and Breastfeeding Self-efficacy Scale-Short Form, were distributed among the samples. The research showed that there was a high (97.6 percent) prevalence of breastfeed among working mothers. The breastfeeding practice had an important association with the laboratory support (p=0,005 and self-efficacy (p=0,017), and the link between workplace support and breast feeding self-efficiency (r=0,40,p<0,01) had a significant correlation. The latter was also significantly related. Sustainable breastfeeding has not been correlated with socio-demographic information like age, educational status, religion etc. (Rashid, Shamsuddin, Malek Ridhuan, Sallahuddin, & Devaraj, 2018)

## *III] Literature related to breastfeeding practices*

A research on primigravid mothers ' understanding, attitude and practice of breastfeeding was performed in Elite Mission Hospital in Thrissur, Kerala. 50 breastfeeding primigravid mothers were selected via convenient sampling technique. Using breastfeeding knowledge questionnaire, the IOWA scale and the checklist for breastfeeding practices, the instrument used to evaluate understanding, attitude and exercise of breastfeeding has been evaluated. The research found that primigravid mothers do not have sufficient understanding of breastfeeding, which affects their breastfeeding practice. The assessment showed that the attitude towards breastfeeding was very favourable. Therefore, it is recommended that the primary health care givers need to lay emphasis on educating primigravid mothers regarding breastfeeding to improve breastfeeding rate. (College, 2015)

## *IV] Literature related to breastfeeding interventions*

Robust literature reviews were conducted and assessed using the CHERG (Child Health Epidemiology Reference Group) rules (including adjusted grading of recommendations, evaluation, development and assessment) criteria on the subject of breastfeeding programs and their implications on breastfeeding rates. A total of 968 abstracts have been examined. A total of 268 studies have been chosen, including 53 randomized and virtually randomly monitored

research. 968 abstracts have been examined. 268 studies were identified, 53 of which have lastly been chosen randomized and quasi randomized controlled. In 32 researches at 4-6 weeks postpartum, exclusive breastfeeding has been recorded. In developing and advanced nations, 43% of breastfeeding result growth was recorded, up 89% and 20%, respectively. 15 exclusive breastfeeding trials revealed results for 6 months. A total surge of 137 percent has been recorded as exclusive breastfeeding in developing nations has accelerated 6 times, compared with a 1.3-fold rise in advanced research in developed countries. In addition, prenatal counseling was significantly influenced by subgroup analysis at 4 to 6 weeks in breastfeeding, while mothers counseling were crucial at 6 months for exclusive breastfeeding. (Imdad, Yakoob, & Bhutta, 2011)

## *V] Literature related to breastfeeding outcomes*

A study was carried out to evaluate the effect of 10 steps of baby friendly hospital initiative on breastfeeding outcomes at 2 days and 2 weeks in Oregon. 57 birthing hospitals were taken into account using the cross-sectional survey. Modified Crivelli-Kovach tool was used to evaluate the implementation of any or all the steps of BFHI that influence the breastfeeding outcomes among mothers. Conformity to individual BFHI hospital steps ranged from 5.3 percent for step 2 (personnel training) to 93 percent for step 4 (breastfeeding aid) and for step 8 (feeding on demand support). The research revealed that general hospital breastfeeding support ratings have increased significantly, with breastfeeding rates increased by 2 days (p0.021) and 2 weeks after the breastfeeding period (p 0.011). However, it was only noticed that the existence of a written hospital policy is separate from the lactating percentage (p0.028). It is therefore suggested that all the 10 phases of BFHI be implemented in hospitals to enhance maternal breastfeeding. (Rosenberg, Stull, Adler, Kasehagen, & Crivelli-Kovach, 2008)

## *Problem Statement*

A Randomized Controlled Trial to Assess the Effectiveness of a Comprehensive Breastfeeding Promotion Program on Breastfeeding Self-efficacy, Practices and Outcomes among Primigravid Mothers.

## *Objectives*

1. To assess the knowledge, practice and problems of primigravid mothers regarding breastfeeding.
2. To assess the experience of primigravid mothers regarding breastfeeding.
3. To develop a comprehensive breastfeeding promotion program for the primigravid mothers.
4. To evaluate the effectiveness of a comprehensive breastfeeding promotion program on breastfeeding self-efficacy among primigravid mothers.
5. To evaluate the effectiveness of a comprehensive breastfeeding promotion program on breastfeeding practices among primigravid mothers.
6. To evaluate the effectiveness of a comprehensive breastfeeding promotion program on breastfeeding outcomes among primigravid mothers.
7. To compare the breastfeeding experience of primigravid mothers in experimental and control group.

## *Hypothesis*

$H_0$ : There will be no difference in breastfeeding self-efficacy, practices and outcomes among primigravid mothers after implementation of a comprehensive breastfeeding promotion program at level of significance $p<0.05$

$H_1$ : Breastfeeding self-efficacy will be significantly higher in experimental group than in control group at level of significance $p<0.05$

$H_2$ : Breastfeeding practices will be significantly higher in experimental group than in control group at level of significance $p<0.05$

$H_3$ : Breastfeeding outcomes will be significantly higher in experimental group than in control group at level of significance $p<0.05$

## *Operational Definitions*

1. **Effectiveness** – refers to accomplishment of a comprehensive breastfeeding promotion program in improving primigravid mother's breastfeeding self-efficacy, practices and outcomes between experimental and control groups.

2. **Comprehensive Breastfeeding Promotion Program (CBPP) –** refers to a package of coordinated activities of teaching and learning including teaching regarding breastfeeding, demonstrations on breastfeeding techniques, video presentations, assessment of breasts, correction of nipple problems, postnatal support etc to promote breastfeeding self-efficacy, practices and outcomes among primigravid mothers in the antenatal period.

3. **Knowledge –** refers to awareness of primigravid mothers regarding breastfeeding as measured by semi-structured questionnaire.

4. **Breastfeeding Self-Efficacy –** refers to perceived ability of primigravid mothers to breastfeed their infants as measured by breastfeeding self-efficacy tool developed by Dennis and Faux, 2003 to measure postpartum mothers' breastfeeding self-efficacy.

5. **Breastfeeding Practices –** refers to primigravid mothers' behavior in breastfeeding their babies including positioning, attachment, sucking and swallowing as measured by standardized Bristol Breastfeeding Assessment scale and a semi-structured questionnaire.

6. **Breastfeeding Problems –** refers to problems experienced by primigravid mothers during breastfeeding their infants as measured by observation scale on third day of delivery, and semi-structured questionnaire at six weeks and after six months.

7. **Breastfeeding Outcomes –** refers to selected outcomes of breast feeding like time of initiation of breast feeding, exclusivity of breastfeeding, breast feeding problems etc as measured by a semi-structured questionnaire on third day, six weeks and six months postpartum.

# Research Methodology

## *Research Approach* :

Phase I : Quantitative (Exploratory)

Phase II : Quantitative (Experimental)

Phase III : Qualitative (Descriptive)

## *Research Design* :

Phase I : Cross-sectional survey design

Phase II : Time series post-test only control group design

Phase III : Qualitative descriptive design

| S.N. | Study Group | Pre intervention assessment | Intervention | Post intervention assessment | | |
|---|---|---|---|---|---|---|
| | | | | Third day | At 6 weeks | After 6 months |
| 1. | Experimental | Baseline data | X (Routine care, Information booklet & CBPP) | $O_1$ | $O_2$ | $O_3$ |
| 2. | Control | Baseline data | - (Routine care and Information booklet) | $O_1$ | $O_2$ | $O_3$ |

## *Variables* :

**Phase I –** a) Breastfeeding knowledge

b) Breastfeeding practices

c) Breastfeeding problem

**Phase II –** Independent Variables : Comprehensive Breastfeeding Promotion Program

Dependent Variables : a) Breastfeeding self-efficacy

b) Breastfeeding practices

c) Breastfeeding outcomes

**Phase III –** Breastfeeding experiences

***Setting*** **:** Selected hospitals of Allahabad district.

***Population*** **: Phase I -** Primiparous mothers who delivered live baby at term.

**Phase II & III –** Primigravid mothers within the gestational period of 28-34 weeks.

## *Sample Size* :

***Phase I*** - The researcher proposes to employ the following formula in the survey population, therefore, to determine N, i.e. sample size :

$$N = \frac{(z)^2 X \sigma X (1-\sigma)}{e^2}$$

Where N= Sample size

Z= 1.96 for 95% confidence level.

$\sigma$ = Standard deviation (0.5), and e = acceptable error i.e., 0.05.

Therefore, $N = (1.96)^2 X.5X(1-.5)/.05^2$

$$N = \frac{(1.96)^2 X.5X(1-.5)}{.05^2}$$

$$N = \frac{3.8416X0.25}{0.0025}$$

The most credible sample size needed for **Phase I study is =385**, which is **400** appropriate for the study.

Phase II :

$$N = \frac{2SD^2 \times (Z_{\alpha/2} + Z_{\beta})^2}{d^2}$$

where N= Size of the sample
SD= Standard deviation
$Z_{\alpha/2}$ = 1.96 (from Z table) at Type I error of 5%
$Z_{\beta}$ = 0.84 (from Z table ) at 80% power
d = Effect size = Difference between mean values

Thus, the most conservative sample size needed for **Phase II study is = 98**, which is **100** appropriate for the study.

***Phase III :***

10 primigravid mothers will be selected for the interview to assess their breastfeeding experiences.

## *Sampling Technique* :

**Phase I :** Population proportion sampling technique – Allahabad will be divided into four zones (North , South, East and West). From all the four zones, number of private and government hospitals will be listed and from each zone one private and one government hospital will be selected randomly.

**Phase II :** Concealed random assignment

**Phase III :** Purposive sampling technique

## *Inclusion Criteria*

***Phase I :*** Postnatal mothers who have delivered live baby at term.

***Phase II & III :*** Primigravid mothers who :

1. are within the gestational period of 28-34 weeks.

2. will be having their deliveries in the same hospital where their antenatal check-ups have been done.

3. will be coming for immunization of baby in the same hospital.

4. are having telephone facility.

## *Exclusion Criteria*

***Phase I, II & III :***Primigravid mothers who :-

1. are suffering from conditions like pre-eclampsia, HIV etc that affects the breastfeeding outcomes.
2. are diagnosed with fetal congenital anomalies like cleft lip and cleft palate.
3. are having any psychiatric illness.

## *Tools for Data Collection* :

**Phase I -**

**Tool 1 :** Structured questionnaire to assess the knowledge, practice and problems of primigravid mothers.

- **Section I :** Baseline data of primigravid mothers.

-**Section II :** Knowledge of primigravid mother's regarding breastfeeding.

-**Section III :** Practice regarding breastfeeding.

-**Section IV :** Problems regarding breastfeeding.

**Phase II -**

**Tool 2 :** Semi-structured questionnaire to collect the baseline data of primigravid mothers.

**Tool 3 :** Standardized Breastfeeding self-efficacy scale to assess the breastfeeding self-efficacy among primigravid mothers.

**Tool 4 :** Observation checklist and semi-structured questionnaire to assess practices of primigravid mothers regarding breastfeeding.

**Tool 5 :** Performa to assess the breastfeeding outcomes among primigravid mothers.

**Phase III -**

**Tool 6 :** Semi-structured interview to assess the experience of primigravid mothers regarding breastfeeding.

## *Reliability & Validity*

The reliability and content validity of the tools will be established by appropriate methods.

## *Ethical Consideration*

Ethical certificate will be obtained from concerned authorities.

- Written and informed consent from the subjects.
- Participation based on willingness.

## *Pilot Study*

Pilot study will be conducted among 40 primigravid mothers with similar characteristics of the samples to assess the feasibility and to decide the plan for data analysis.

## *Plan for Data Collection* :

**Phase I –** include exploring the knowledge, practice and problems of primiparous mothers regarding breastfeeding on third day of delivery. One hospital from each zone of Allahabad will be selected by population proportion sampling technique and 100 primiparous mothers from each hospital (400 postnatal mothers) attending selected immunization clinics will be assessed for their knowledge, practice and problems by using various structured tools.

**Phase II –** include evaluation of effectiveness of a comprehensive breastfeeding promotion program on breastfeeding self-efficacy, practices and outcomes among primigravid mothers. The selection of the primigravid mothers in the gestational period of 28-34 weeks will be done through concealed random assignment to 'Intervention (experimental)' group and 'Usual

breastfeeding (control)' group. The experimental group will be given routine care, information booklet on breastfeeding and comprehensive breastfeeding promotion program in two sessions and one follow-up session. On the other hand, control group will be given routine care and information booklet on breastfeeding. After delivery, the samples in both the groups will be observed for the breastfeeding self-efficacy, practices and outcomes using the various standardized and structured tools, on the third day of delivery, at 6 weeks and after 6 months.

**Phase III –** include exploring the experiences of primigravid mothers regarding breastfeeding. The subjects in both the experimental and control groups will be interviewed regarding their breastfeeding experiences using semi-structured interview method.

## *Plan for Data Analysis* :

On the basis of the aim and hypotheses of the research the results will be quantified with the use of both descriptive as well as inferential statistics.

## REFERENCES


1. Al-Sahab, B., Lanes, A., Feldman, M., & Tamim, H. (2010). Prevalence and predictors of 6-month exclusive breastfeeding among Canadian women: A national survey. *BMC Pediatrics*. https://doi.org/10.1186/1471-2431-10-20
2. Chapman, D. J., & Perez-Escamilla, R. (2012). Breastfeeding Among Minority Women: Moving From Risk Factors to Interventions. *Advances in Nutrition: An International Review Journal*. https://doi.org/10.3945/an.111.001016
3. College, E. (2015). Primipara Mother's Knowledge, Attitude and Practice of Breastfeeding. *International Journal of Advanced Nursing Science and Practice*.
4. Daly, S. E. J., & Hartmann, P. E. (1995). Infant Demand and Milk Supply. Part 1: Infant Demand and Milk Production in Lactating Women. *Journal of Human Lactation*. https://doi.org/10.1177/089033449501100119
5. Hawkins, S. S., Stern, A. D., Baum, C. F., & Gillman, M. W. (2014). Compliance with the Baby-Friendly Hospital Initiative and impact on breastfeeding rates. *Archives of Disease in Childhood: Fetal and Neonatal Edition*. https://doi.org/10.1136/archdischild-2013-304842
6. Imdad, A., Yakoob, M. Y., & Bhutta, Z. A. (2011). Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries. *BMC Public Health*. https://doi.org/10.1186/1471-2458-11-S3-S24
7. Jogdeo, B. A., & Bhore, N. R. (2013). *The Effect of Back Massage on Let Down Reflex among Mothers Who Had Undergone Cesarean Section*. *International Journal of Science and Research*.
8. Kronborg, H., & Væth, M. (2009). How Are Effective Breastfeeding Technique and Pacifier Use Related to Breastfeeding Problems and Breastfeeding Duration? *Birth*. https://doi.org/10.1111/j.1523-536X.2008.00293.x
9. Lamberti, L. M., Fischer Walker, C. L., Noiman, A., Victora, C., & Black, R. E. (2011). Breastfeeding and the risk for diarrhea morbidity and mortality. *BMC Public Health*. https://doi.org/10.1186/1471-2458-11-S3-S15
10. Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M. R., Ho, J. J., & Hakimi, M. (2016). Antenatal breastfeeding education for increasing breastfeeding duration.

*Cochrane Database of Systematic Reviews*. https://doi.org/10.1002/14651858.CD006425.pub4

11. Meedya, S., Fahy, K., Parratt, J., & Yoxall, J. (2015). Supporting women to achieve breastfeeding to six months postpartum - The theoretical foundations of a successful program. *Women and Birth*. https://doi.org/10.1016/j.wombi.2015.06.006
12. Padmavathi, P. (2014). IJANM - A Study to Assess the Effectiveness of Foot Reflexology on Pain among Post Caesarean Mothers in Selected Hospitals at Namakkal District. Retrieved January 30, 2019, from http://ijanm.com/HTMLPaper.aspx?Journal=International Journal of Advances in Nursing Management;PID=2014-2-2-3
13. Rashid, A. A., Shamsuddin, N. H., Malek Ridhuan, R. D. A. R., Sallahuddin, N. A., & Devaraj, N. K. (2018). Breastfeeding practice, support, and self- efficacy among working mothers in a rural health clinic in selangor. *Malaysian Journal of Medicine and Health Sciences*.
14. Rosenberg, K. D., Stull, J. D., Adler, M. R., Kasehagen, L. J., & Crivelli-Kovach, A. (2008). Impact of Hospital Policies on Breastfeeding Outcomes. *Breastfeeding Medicine*. https://doi.org/10.1089/bfm.2007.0039
15. Sultana, A., & Rahman, K. U. (2014). Traditional Unani perspective of perceived insufficient milk (Qillatul Laban) and Galactogogues: A literary research with recent studies. *TANG [HUMANITAS MEDICINE]*, *4*(3), 19.1-19.6. https://doi.org/10.5667/tang.2014.0003